

<b>Case Number:</b>	CM14-0184194		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	07/13/2011
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation; has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 37 year old female who had a work injury dated 7/13/11. The diagnoses include myofascial sprain of the cervical spine, with carpal tunnel syndrome of the right wrist status post release, lumbar spine disc herniation, status post laminectomy and discectomy, with recurrent disc herniations and lumbar radiculopathy. Under consideration are requests for a pain management consultation and acupuncture for the cervical spine x 6. Per documentation a progress report dated 9/23/14 states that the patient had pain in the neck and right arm with numbness in her hand and pain in the left wrist with difficulty writing. She also complained of low back pain more on the right than the left that radiated to her feet, with numbness in her feet. On physical exam there was tenderness about the cervical spine and painful and decreased range of motion of the cervical spine and decreased range of motion of bilateral shoulders. Her strength was good. The treatment plan included a referral to pain management. A course of acupuncture was also ordered. There is a 5/13/14 document that states that in 2012 the patient started using the aid of a cane to get around. Starting in November 2012, she started being bothered by numbness in her right arm. In 2013 she underwent an upper extremity nerve conduction study for the numbness in her arm and was diagnosed with right carpal tunnel syndrome. On 02/18/14 underwent right carpal tunnel release. Shortly thereafter, she developed the onset of pain in her left hand and wrist which she attributed to overcompensating for the right hand/wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Pain Management Consultation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** Pain management consultation is not medically necessary per the MTUS Guidelines. The guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The documentation is not clear on why a pain management consultation is requested. The patient has a work injury dating back to 2011. It is unclear how this consultation would change her medical management given her extensive history. Without this clarification the request for pain management consultation is not medically necessary.

**Acupuncture for the cervical spine x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Acupuncture for the cervical spine x 6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The documentation does not indicate that the patient is participating in a home exercise or other physical rehabilitation program. The guidelines state that the time to produce functional improvement is 3 to 6 treatments. Additionally, the documentation is not clear on whether the patient has had prior acupuncture given a work injury of 2011. The request for acupuncture for the cervical spine x 6 is not medically necessary.